

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

ACTIVE EMPLOYEES

**ALL BU'S EXCEPT BU12
COMPARISON OF PREMIUMS**

Benefit Plan	Type of Enrollment	Premium eff 7/1/09	Admin Fee	Total Contribution Required	FY09 Premium	Difference
MEDICAL PLANS						
EUTF PPO (HMA) RSN Chiropractic	Self	\$274.32	\$2.14	\$276.46	\$221.14	\$55.32
	Two-Party	\$666.47	\$4.49	\$670.96	\$536.54	\$134.42
	Family	\$849.10	\$6.56	\$855.66	\$684.44	\$171.22
EUTF PPO (HMSA) RSN Chiropractic	Self	\$281.22	\$2.14	\$283.36	\$226.56	\$56.80
	Two-Party	\$683.21	\$4.49	\$687.70	\$549.68	\$138.02
	Family	\$870.48	\$6.56	\$877.04	\$701.22	\$175.82
EUTF Prescription Drug (NMHC)	Self	\$63.25	\$0.61	\$63.86	\$53.64	\$10.22
	Two-Party	\$153.77	\$1.29	\$155.06	\$130.14	\$24.92
	Family	\$196.09	\$1.87	\$197.96	\$166.02	\$31.94
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$381.57	\$2.75	\$384.32	\$302.56	\$81.76
	Two-Party	\$927.06	\$5.78	\$932.84	\$734.06	\$198.78
	Family	\$1,181.47	\$8.43	\$1,189.90	\$936.44	\$253.46
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$304.91	\$2.75	\$307.66	\$292.30	\$15.36
	Two-Party	\$740.31	\$5.77	\$746.08	\$708.76	\$37.32
	Family	\$943.80	\$8.44	\$952.24	\$904.64	\$47.60
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$269.75	\$2.75	\$272.50	\$261.10	\$11.40
	Two-Party	\$654.87	\$5.77	\$660.64	\$632.96	\$27.68
	Family	\$834.80	\$8.44	\$843.24	\$807.92	\$35.32
EUTF Supplemental (HMSA) NMHC Prescription Drug RSN Chiropractic	Self	\$200.26	\$2.74	\$203.00	\$167.00	\$36.00
	Two-Party	\$487.03	\$5.77	\$492.80	\$405.14	\$87.66
	Family	\$620.14	\$8.42	\$628.56	\$516.84	\$111.72
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$53.87	\$2.75	\$56.62	\$56.62	\$0.00
	Two-Party	\$133.97	\$5.77	\$139.74	\$139.74	\$0.00
	Family	\$148.96	\$8.44	\$157.40	\$157.40	\$0.00
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$257.57	\$2.75	\$260.32	\$206.34	\$53.98
	Two-Party	\$626.79	\$5.77	\$632.56	\$500.62	\$131.94
	Family	\$798.99	\$8.43	\$807.42	\$638.62	\$168.80
DENTAL PLAN						
HDS Dental	Self	\$30.48	\$0.30	\$30.78	\$28.24	\$2.54
	Two-Party	\$60.92	\$0.66	\$61.58	\$56.54	\$5.04
	Family	\$100.40	\$0.94	\$101.34	\$93.02	\$8.32
VISION PLAN						
VSP Vision	Self	\$5.98	\$0.06	\$6.04	\$6.04	\$0.00
	Two-Party	\$11.06	\$0.12	\$11.18	\$11.18	\$0.00
	Family	\$14.45	\$0.17	\$14.62	\$14.62	\$0.00
LIFE INSURANCE						
Standard Life Insurance	Employee	\$4.12	\$0.04	\$4.16	\$4.16	\$0.00